DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2014 FORM APPROVED OMB NO. 0938-0391

PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/17/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/18/14 Facility Number: 011032 Provider Number: 155683 AIM Number: 200262860 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, B & B Christian Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has a battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 43 and had a census of 30 at the time of this survey. All areas where residents have customary access	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER B & B CHRISTIAN HEALTHCARE CENTER CAM ID SUMMARY STATEMENT OF DEFICIENCIES INDIANAPOLIS, IN 4218			155683					
B & B CHRISTIAN HEALTHCARE CENTER (A4) ID (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY YULL REGULATORY OR LSC IDENTIFYING INFORMATION) (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/17/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/18/14 Facility Number: 011032 Provider Number: 155683 AIM Number: 200262860 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, B & B Christian Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 24bpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 43 and had a census of 30 at the time of this survey. All areas where residents have customary access	NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STAT	E, ZIP CODE	1 00/	10/2014
MONAMPOLIS, IN 46218 DEPOWDERS PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION FREFIX TAG PROVIDER'S PLAN OF CRASH PLAN OF C					3208 N SHERMAN DR			
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Code Recertification and State Licensure Survey conducted on 06/17/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/18/14 Facility Number: 011032 Provider Number: 155683 AIM Number: 200262860 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, B & B Christian Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 43 and had a census of 30 at the time of this survey. All areas where residents have customary access	{K 000}	INITIAL COMMENTS		{K 00	00}			
were sprinklered. The facility has two detached buildings providing facility storage services which		Code Recertification a conducted on 06/17/1 Indiana State Departr accordance with 42 C Survey Date: 08/18/1 Facility Number: 011 Provider Number: 15 AIM Number: 200262 Surveyor: Mark Cara Specialist At this PSR survey, B Center was found in a Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Health Care Occupar This one story facility Type V (111) construct The facility has a fire detection in the corridor. The faci smoke detectors in al The facility has a cap census of 30 at the tire All areas where reside were sprinklered. The	and State Licensure Survey 14 was conducted by the ment of Health in CFR 483.70(a). 14 16 17 18 18 19 19 19 19 19 19 19 19					
were not sprinklered. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	LABORATORY	•	SLIDDI IER REDRESENTATIVE'S SIGNATI IDE		TITI E			(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		155683	B. WING			R 08/18/2014	
NAME OF PI	ROVIDER OR SUPPLIER	100000		5	STREET ADDRESS, CITY, STATE, ZIP CODE	08/	18/2014
B & B CHRISTIAN HEALTHCARE CENTER					2008 N SHERMAN DR		
				I	NDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
{K 000}	Continued From page 1		{K 00				
		obert Booher, Life Safety ical Surveyor on 08/19/14.					